

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 80047778

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED DEC 28 1964

1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

El Dorado Springs Approx 3 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

City Jail

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Cedar

c. CITY
OR
TOWN

El Dorado Springs

d. STREET
ADDRESS

Route 4

Inside Limits
Yes ☐ No ☒

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

George Augustus

First

Middle

Last

(Austin) Pendley

4. DATE
OF
DEATH

Month

Day

Year

Dec - 21 - 1964

5. SEX

M

COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug - 3 - 1921

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tree Surgeon

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Berry, Ala

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Ruffas

13b. MOTHER'S MAIDEN NAME

Pendley Eller L. Kimbrell

14. NAME OF HUSBAND OR WIFE

Margaret Tabor, 317 W. Hickory

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4

17. INFORMANT

Margaret Tabor, 317 W. Hickory

Address

El Dorado Springs

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hanging

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

City Jail

20f. CITY, TOWN, OR LOCATION

El Dorado Spr., Cedar

COUNTY

Mo.

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at Approx 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Max W. Dickering Coroner

22b. ADDRESS

El Dorado Spr., Mo.

22c. DATE SIGNED

12-24-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Dec-27-64

23c. NAME OF CEMETERY OR CREMATORY

Betha-Berry Cemetery

23d. LOCATION (city, town, or county)

Berry, Alabama

(State)

24. FUNERAL DIRECTOR

Melvin L. JANSSENS

ADDRESS

El Dorado Springs

25. DATE RECD. BY LOCAL REG.

12-24-64

26. REGISTRAR'S SIGNATURE

Jal E. Dushumper Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

61774-00

FEB 8 1965

JAN 8 1965

FEB 23 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.